

Kazakhstan Contraception

Promote LAM for Postpartum Family Planning and Birth Spacing

OR Summary 56

The introduction and promotion of the lactation amenorrhea method for birth spacing improved women's understanding and use of the method, but knowledge of essential factors remained insufficient. Continued government support of breastfeeding and endorsement of lactational amenorrhea could increase the rate of correct use and enhance health benefits.

Background

In 1997 the government of Kazakhstan reversed an outdated policy of promoting artificial feeding for newborns. The new national policy promotes breastfeeding for improved maternal and child health. In addition to providing developmental benefits for newborns, exclusive breastfeeding suppresses fertility for up to six months, thus serving as a natural and easily learned birth spacing method during this period. However, data on the impact of policy initiatives on breastfeeding and postpartum lactation amenorrhea were lacking. Beginning in 2000, FRONTIERS supported a two-year operations research project by the Kazakh Academy of Preventive Medicine to test an intervention to improve knowledge and use of the lactation amenorrhea method (LAM) for birth spacing during the first six months postpartum.

The intervention consisted of training staff at four hospitals to provide counseling on the benefits and behavioral requirements of LAM as a family planning method. Five hospitals serving similar populations were used as comparison sites; in these sites, providers received no extra training. Both intervention and control groups included "Baby-Friendly" hospitals (certified through the Baby-Friendly program, conducted by the World Health

Organization and the United Nations Children's Fund, which also includes breastfeeding training) as well as "ordinary" (non-certified) hospitals. To test the intervention's impact, researchers interviewed 3,969 postpartum women in the nine hospitals and observed their breastfeeding habits. They also conducted eight follow-up interviews with each enrolled mother over a period of 12 months. Indicators included women's knowledge and efficiency of LAM use, outcomes in terms of birth spacing, and differences between LAM practices in Baby-Friendly certified and ordinary hospitals.

Findings

- ◆ The intervention increased the likelihood that women would receive LAM counseling. Almost three times more women reported receiving LAM counseling in the experimental Baby-Friendly hospitals (BFHs) and ordinary hospitals (OHs) (82% and 41%, respectively) than in the corresponding control hospitals (33% and 13%).
- ◆ Women in the BFHs—both intervention and control—scored higher than women in ordinary hospitals on almost every indicator of knowledge, attitude, and skills of breastfeeding. The intervention BFHs outperformed the other hospitals on LAM practices (breastfeeding within 30 minutes of delivery, and infant rooming with the mother).

◆ Women's knowledge of breastfeeding and desire to breastfeed were generally high (between 80% and 90% at all sites) and increased at the intervention sites. Knowledge of common contraceptive methods (IUD, pill, and condom) was almost universal. The contraceptive prevalence rate among women interviewed two months after delivery was 63 percent, which is consistent with the nationwide 1999 DHS figure of 69 percent.

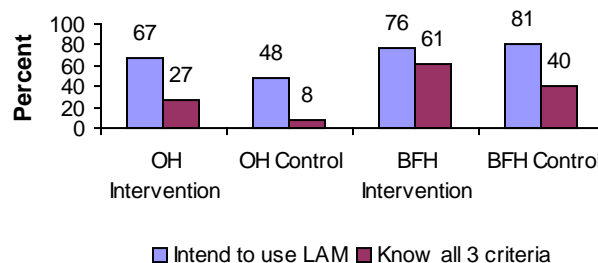
◆ Over half of all women interviewed said that they intended to use LAM. However, significantly fewer women knew all three essential criteria (first six months postpartum, during amenorrhea, and full breastfeeding). Knowledge of these three criteria is critical for effective LAM use. Significantly more women in the intervention hospitals knew all three criteria versus women in the control hospitals (see Figure).

◆ Follow-up interviews showed that actual LAM use was low during the first month postpartum (less than 10%). LAM use increased over time, with 78 percent of women reporting using LAM by the third month.

◆ LAM use significantly affected amenorrhea rates (the absence of menstruation). At six months postpartum, the absolute numbers of LAM users and nonusers were roughly equivalent (2,391 and 2,628 respectively) but amenorrhea rates differed dramatically (98% versus 19%).

◆ The rate of new pregnancies among women at all hospitals 12 months postpartum was low (under 1%). Of the 165 pregnancies that did occur, only eight were among LAM users. No women in the experimental BFHs became pregnant. None of the LAM users who knew all three criteria of successful LAM use became pregnant.

Women's intention to use LAM and knowledge of essential criteria in control and intervention hospitals, both Ordinary (OH) and Baby Friendly (BFH)



Utilization

◆ The Ministry of Health and the National Working Group on Breastfeeding are working to institutionalize improved physicians' training on LAM. The LAM training has also been incorporated into the breastfeeding course at the Postgraduate Training Institute for Doctors.

Program Implications

◆ Women's acceptance of breastfeeding in this setting reflects the importance of government support for beneficial health practices. Where such support exists, the Baby-Friendly model should be offered, combined with LAM training and public outreach, to enhance the use of LAM as an effective, low-cost postpartum contraceptive method.

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